PATENT .	APPLICATION	SERIAL.	NO.
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U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

07/14/2003 TBESHAH1 00000035 10616765

01 FC:1001 02 FC:1202 03 FC:1201

750.00 GP -144:00 GP 252.00 GP

Adjustment date: 10/30/2003 TLUU11 07/14/2003 TBESHAH1 00000035 10616765 02 FC: 2002 -144.00 OP

10/30/2003 TLUU11

00000002 10616765

01 FC:1202

126.00 OP

Repln. Ref: 10/30/2003 TLUU11 0008350700 DA#:502664 Name/Number:10616765

FC: 9204 \$18.00 CR

> PTO-1556 (5/87)

*U.S. Government Printing Office: 2002 -- 489-267/69033

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10616765

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		2.7				RAT	E	FEE) 	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		BASIC			OR	BASIC FEE	750.00	
то	TAL CHARGEA	BLE CLAIMS	27 minus 20=		* 7		X\$ 9) =		OR	X\$18=	126
IND	EPENDENT CL	AIMS	6 minus 3 =		* 3		X42	=	-	OR	X84=	252
MULTIPLE DEPENDENT CLAIM PRESENT							+140)=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						ТОТ	٩L		OR	TOTAL	1,128	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY O			OR	OTHER THAN R SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL A 184	=	X42	=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM) =		OR	+280=	
·										OR	TOTAL ADDIT. FEE	
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9)=	-	OR	X\$18=	
AME	Independent	*	Minus	***	T CL AIM	=	X42	=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)=		OR	+280=	
ADD										OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	5	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CLAIM		X42	=		OR	X84=	
L	I INST PRESE	INTALION OF M	OLI IFLE DE	FENDEN	CLANVI		+140)=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												